A pathway transformation to transition from a 'routine' to a 'responsive' severe asthma service in the post COVID era.

Abstract P154 Figure 1 A pathway transformation to transition from a 'routine' to a 'responsive' severe asthma service in the post COVID era

P155 DELIVERING PHYSIOTHERAPY OUTPATIENT ASSESSMENT AND TREATMENT IN A SEVERE ASTHMA CLINIC IN THE ERA OF COVID-19

C Mason, T Brown, R Harvey, B Reeves, S Folini, M Tolson, L Fox, L Wiffen, AJ Chauhan, R De Vos. *Portsmouth Hospitals University NHS Trust, Portsmouth, UK*

10.1136/thorax-2021-BTSabstracts.264

Introduction and Objectives The global SARS-CoV-2 pandemic has forced clinicians to consider alternative methods of service provision to patients with respiratory conditions who were clinically vulnerable and/or advised to shield.

Breathing pattern disorders (BPD) are a common comorbidity affecting approximately one third of patients with asthma. The respiratory physiotherapy team within the Portsmouth Severe Asthma Service (PSAS) recognised the need to continue to assess and deliver treatment for patients with BPD particularly at a time of heightened anxiety.

Breathing retraining requires precise and highly specific assessment and treatment to ensure optimal outcomes and the decision to use a video conferencing platform was made to utilise the visual medium. To ensure quality service was being delivered, patients using the video conferencing platform to receive respiratory physiotherapy in the PSAS were asked for feedback.

Methods At the end of every video consultation, written feedback was requested. Sixty-nine responses were received from July 2020-May 2021. Patients were asked to rate their physiotherapy consultation from very good to very poor; how they would prefer to receive treatment; if they would use this method of consultation again and the ease of use of the video consultation.

Results Of the 69 responses:

- 68/69 (98%) would use the service again
- 58/69 (84%) rated the service as very good
- 35/69 (51%) would choose video over face to face appointments
- 23/69 (33%) would prefer to be seen face to face
- 63/69 (91%) felt that accessibility of the video platform could be improved

Qualitative feedback was also gathered from patients and included statements such

- Excellent quality and a very thorough appointment.
- It was helpful to actually see a clinician face to face via video instead of a phone call

Conclusions Video consultations have proven to be a feasible and successful way of assessing BPD in asthma patients. Despite feedback regarding the ease of accessing the online platform being suboptimal, overarching positive responses to video consultations was received. With 51% favouring being seen via video consultation rather than face to face, this has wider implications for patients and the NHS including reduced travel time to appointments and reduced waiting room pressures.

P156 A REGIONAL STUDY OF THE AVAILABILITY, UPTAKE AND BARRIERS TO INHALER RECYCLING: PROMOTING ENVIRONMENTAL SUSTAINABILITY

¹K Liatsikos, ²R Robinson, ³A Khashkhusha, ¹F Shiham, ²H Joplin, ¹A Collins, ²H Burhan. ¹Liverpool School of Tropical Medicine, Liverpool, UK; ²Liverpool University Hospitals NHS Foundation Trust, Liverpool, UK; ³University of Liverpool, Liverpool, UK

10.1136/thorax-2021-BTSabstracts.265

Introduction and Objectives Change is needed to reach the NHS environmental target to reduce inhaler carbon emissions by 50% over the next decade. We focused on inhaler sustainability, exploring available recycling schemes and community uptake. 73.000.000 inhalers are used annually in the UK and 63% form part of domestic waste. Our objective was to identify available recycling schemes nationally and regionally and explore factors influencing availability. Subsequently, to promote recycling schemes and increase local uptake.

Methods We performed an online search for available recycling schemes in the UK. Furthermore, we identified 21 pharmacies in Liverpool and surveyed them between March and May 2021. We aimed to determine how many inhalers they dispensed and whether they offered safe disposal and recycling. If they recycled, we explored what scheme they used and how they promoted it. If not, we explored why and what would encourage them to participate.

Results Following the end of the GSK 'completing the cycle' scheme in September 2020, there is one available scheme (TEVA One) nationally that has now paused enrolment. We received questionnaire responses from 14 of 21 pharmacies approached. On average, they dispensed 97.7 inhalers monthly. 64% (9/14) accepted inhalers for safe disposal and 28% (4/14) reported accepting inhalers for recycling. However, on further investigation, this was for safe disposal only. Only 9.8% of inhalers dispensed were returned for safe

disposal. Sustainability and monetary incentives were the main reported driving factors for recycling engagement, and all pharmacies would consider subscribing to a recycling scheme if available.

Conclusions Despite interest from local pharmacies, there are no available inhaler recycling services in the area we examined, and safe disposal uptake is very low. Promotion, patient education and investment are required for the NHS to meet its sustainability targets.

P157 EFFECTIVENESS OF A MULTI-DISCIPLINARY COMMUNITY RESPIRATORY TEAM DURING THE COVID-19 PANDEMIC

¹E Johnson, ¹E Turner, ¹S Gingles, ²K Levin, ³E Mackay, ³C Roux, ³M Milligan, ³M Mackie, ³K Farrell, ³K Murray, ³S Adams, ³J Brand, ¹D Anderson, ⁴H Bayes. ¹Department of Respiratory Medicine, Queen Elizabeth University Hospital, NHS Greater Glasgow & Clyde, Glasgow, UK; ²Health Services, NHS Greater Glasgow & Clyde, Glasgow, UK; ³NHS Greater Glasgow and Clyde Community Respiratory Response Team, Glasgow, UK; ⁴Department of Respiratory Medicine, Glasgow Royal Infirmary, NHS Greater Glasgow & Clyde, Glasgow, UK

10.1136/thorax-2021-BTSAbstracts.266

Introduction The Community Respiratory Response Team (CRRT) was established to manage patients within Greater Glasgow & Clyde NHS Trust (NHS GGC) with chronic lung disease at home during the COVID-19 pandemic. We analysed the effectiveness of a triage pathway for appropriately targeting care, and overall effectiveness of the service in reducing the outcomes of Emergency department (ED) attendance, hospital admission and death.

Methods Electronic health records of patients referred in May 2020 were retrospectively reviewed. The relationship between CRRT triage pathway and emergency department (ED) attendance, hospital admission and death within 28 days of referral was assessed, with respect to primary respiratory condition.

Results Mean patient age was 69 years (median 71; IQR 62–79). 66% of patients were female. Figure 1 shows CRRT patient triage and outcomes. Excepting the blue ‘end of life care’ triage pathway, higher triage category was associated with higher rates of ED attendance, hospital admission and

death. The only death in the green triage group was due to a non-respiratory cause. Patients triaged red or amber were more likely to receive more than one consultation. In particular, patients with COPD in red and amber triage groups were more likely to have multiple CRRT consultations or a home visit.

87% of consultations were conducted remotely; mean 4.4 consultations/patient; 35% received a home visit. No nosocomial COVID-19 infections occurred. 52% of deaths occurred in patients with COPD or asthma/COPD overlap. Increasing number of consultations was associated with reduced mortality but not reduced ED attendance or hospital admissions. However, for patients diagnosed with COPD and triaged as highest risk, having over 3 consultations was associated with lower ED attendance (16% vs 30%) and admission rates (18% vs 26%). Hospital admissions and inpatient deaths for COPD patients in the 2nd quarter of 2020 were 47% and 65% of previous years, respectively.

Conclusions The NHS GGC CRRT was able to safely and appropriately risk stratify patients and complement tertiary care by providing support at home with potential impact on reducing hospital admissions and deaths. Wider implementation of multidisciplinary community respiratory care could benefit patients and the healthcare service.

P158 THORACIC ULTRASOUND ON THE RESPIRATORY POST-TAKE WARD ROUND: ASSESSING THE IMPACT ON CLINICAL DECISION-MAKING AND THE PATIENT JOURNEY

¹M Steward, ²HG Bakere, ¹TG Burden. ¹Royal Devon and Exeter NHS Foundation Trust, Exeter, UK; ²Royal Cornwall Hospitals NHS Trust, Truro, UK

10.1136/thorax-2021-BTSAbstracts.267

Introduction Thoracic ultrasound (TUS) has become indispensable when assessing the acutely unwell respiratory patient. We examined the impact of TUS on clinical decision-making and patient management, inviting discussion regarding the routine use of TUS on the respiratory post-take ward round (PTWR).

Methods Data was collected prospectively from fifty consecutive patients allocated to the acute respiratory PTWR. TUS

Abstract P157 Figure 1